

STATE OF TENNESSEE  
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
Division of Employment Security  
Appeals Operations  
500 James Robertson Parkway, Suite 780  
Nashville TN 37245-0600



Telephone: (615) 741-1857  
Facsimile: (615) 741-8933

**Request for Subpoena**

Claimant's Social Security Number \_\_\_\_\_ Docket Number \_\_\_\_\_

Claimant's Name \_\_\_\_\_ Employer's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Claimant's Telephone \_\_\_\_\_ Employer's Telephone \_\_\_\_\_

Please subpoena the following witnesses and/or documents:

Name/Document \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

This witness/information is important to my case because \_\_\_\_\_

Name/Document \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

This witness/information is important to my case because \_\_\_\_\_

Name/Document \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

This witness/information is important to my case because \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

(if employer)

*Note: You MUST indicate why the witness or document is needed and relevant. Please use an additional page to describe, if necessary. A subpoena request to the Appeals Tribunal should be delivered at least seven (7) days before the hearing. A subpoena request to the Board of Review should be delivered as soon as possible after an appeal has been filed.*